



**Option to Continue Contributions during Time of Furlough without Pay**  
*(for use by employees of a public college or university or the governing or management boards of those entities)*

**Section 1 - To be completed by employee (Please print or type.)**

Check One:      _____ TRSL Regular Plan      _____ Optional Retirement Plan		Social Security number									
Name of employer	Agency number	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Employee name: Last, first, MI, suffix (Jr., III, etc.)

Street/P.O. Box

City, state, zip

Daytime telephone	Evening telephone	E-mail address
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La. R.S. 11:163.1 permits members of TRSL employed at a public college or university or by the governing board or management board of a public college or university who are furloughed without pay as a result of budget reductions to accrue service credit for the period of the furlough. Service credit for furlough days accrues upon the payment of employee and employer contributions based on the salary that the member would have been paid if not for the furlough. La. R.S. 11:163.1 also provides such higher education employees who are participants in the TRSL Optional Retirement Plan with the option of having the continued remission of employee and employer contributions which would have been remitted to TRSL if not for the furlough.

By completing this form, I understand that, pursuant to La. R.S. 11:163.1, I am choosing my option to continue or not continue contributions and the accrual of service credit, as applicable, for the fiscal year indicated below, and that the option I have selected will remain in place for the entire fiscal year and cannot be changed. If I am a member of the TRSL Regular Plan, I understand that I may not accrue more than thirty (30) days of service credit in any fiscal year. I further understand that the maximum service credit that I can purchase under La. R.S. 11:163.1 and La. R.S. 11:163 is five (5) years and that this application and continued participation, as applicable, will be evaluated in light of this limitation. If I am a member of the Optional Retirement Plan, I understand that contributions cannot be made for furlough days in excess of thirty (30) days in any fiscal year.

**Section 2 - Option to continue making contributions (Please select one.)**

I do want to continue making contributions. I am herein filing an application for the continuation of contributions and the accrual of service credit, as applicable, for the days in which I am furloughed without pay in the fiscal year below, subject to the limitations outlined above. I understand that my employee contributions will be based on the salary that I would have received if not for the furlough.  
*Have you previously purchased service credit for time when you were involuntarily furloughed without pay due to the temporary closure of your employer or due to a gubernatorially declared disaster or emergency?    \_\_\_ Yes    \_\_\_ No*

I do not want to continue making contributions. I do not wish to exercise my option to continue making contributions and accruing service credit, as applicable, for the days in which I am furloughed without pay in the fiscal year below.

Employee signature	Date signed (mm-dd-yyyy)
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**Section 3 – To be completed by employer (Please print or type.)**

Name of employer	Fiscal year
Employer contact	Estimated number of furlough days in above fiscal year
Contact telephone	Effective date of furlough (mm-dd-yyyy)

I hereby certify that the above named employee has been furloughed without pay due to budget reductions and not as a result of a declaration of financial exigency or force majeure. An application for continuation of contributions extends through the fiscal year indicated above and the transmission of contributions shall occur in the same manner as contributions for regular service credit accrual. The employer is responsible for all reporting required to implement the provisions of La. R.S. 11:163.1.

Name of Agency Head or Agency Head Designee (Please print)	Title
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Signature of Agency Head or Agency Head Designee	Date signed (mm-dd-yyyy)
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